

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1008

Registrar's No.

0051047
13128

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

4. COUNTY JAF FILED 23 64

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
4001 COTE BRILLIANTE

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First Bessie

Middle

Last REYNOLDS

4. DATE OF DEATH Month Day Year 12-31-63

5. SEX

FEMALE

6. COLOR OR RACE

colored

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-1-90

9. AGE (last birthday)

73 YRS

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

TENN U.S.A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MAUDE SIMMONS 764 AUBERT

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-sclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gen Arterio Sclerosis

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

8:15 p.m.

and last saw her alive on

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

1-3-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-6-64

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON PARK

23d. LOCATION (City, town, or county)

ST. LOUIS CTY MO

24. FUNERAL DIRECTOR

ADDRESS

A.F. WALTON 2707 STODDARD

25. DATE RECD. BY LOCAL REG.

JAN 4 1964

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3484

P. O. Address 11237 Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.